

Ni's Acupuncture Center | CTMA

Date日期 _____ Name 姓名 _____
Last 姓 First 名 Middle Initial

Address 地址: _____

Best Contact Number (that can receive text) 电话 (最好可接收短信): _____

Email 电子邮件: _____

What is the **best way** to communicate with you between office visits? 看病期间希望我们联系您的最佳方式是?
(E-mail 邮件, Phone 电话): _____

Is there any place you do **NOT** want us to leave a message? 有没有不希望我们留言的地方?

May Ni's Acupuncture Center/CTMA send you educational/promotional materials such as newsletters via e-mail?
允许 Ni's Acupuncture Center/CTMA 向您发送教育/宣传信息吗? Yes 是 (), No 否 ().

Occupation 职业 _____ Date of Birth 生日 _____ / _____ / _____

Sex 性别: M男 () F女 () Height 身高: _____ Weight 体重: _____ lbs 磅 Or 或 _____ 斤

Single 单身 () Married 已婚 () Name of Spouse 配偶姓名: _____

Closest Relative 近亲: _____ Contact Phone 联系电话: _____

If completing this form for another person, what is your relationship to him/her? 如果不是病人本人填写表格, 您与病人的关系是 _____

Referred By 推荐人: _____ How do you know about our clinic 您是如何了解到我们诊所的 _____

1. Have you ever had Hepatitis 您有得过肝炎吗? If yes, when 如果有, 何时得过?
Yes是 No否 _____
2. Do you have AIDS or HIV infection 您有得过艾滋病吗? How long 多久?
Yes是 No否 _____
3. Have you ever had any surgery 您动过任何手术吗? Please list type and year below 请列出类型和年份:
Yes是 No否 _____
4. Have you ever had heart problems or symptoms 您有过任何心脏疾病和症状吗? Please explain 请阐述情况:
Yes是 No否 _____
5. Are you taking any medication or pain pills at this time 您正在服用任何药物和止痛片吗? Please List the Names and Functions 请列出药物名字和用途: Yes是 No否 _____
6. Are you pregnant? If yes, what month are you in? 您怀孕了吗? 如果是, 怀孕几个月了?
Yes是 No否 _____
7. Have you had Acupuncture and/or Chinese herbal medicine before 您以前是否有过针灸和/或中药治疗? If yes, for what problem 如果有, 是因为什么:
Yes是 No否 _____
8. Do you have any problems with needles, dizziness, nausea, or fainting? 请问您对针会有晕针, 头晕, 恶心, 昏厥的症状吗?
Yes是 No否 _____
9. Reason for your visit/for seeking treatment/therapy 您来看诊的主要原因:
Yes是 No否 _____

10. Signature 签名: _____ Date 日期: _____

Ni's Acupuncture Center

Chinese Traditional Medical Association

Consent Form 免责声明

I, _____ (**Print Your Full Name**), hereby consent to be treated with oriental Chinese Medicine including but not limited to acupuncture and herbal medicine by Chinese Medicine doctors Zilan Hu and Johnathan Lee. 我 _____ (**您的姓名**) 特此同意和接受此诊所中医医生 (Zilan Hu, Johnathan Lee) 的中医治疗(包括但不限于针灸和中草药等)。

I understand that acupuncture is performed by the insertion of fine needles into specific points on the body with the intent of improving body functions and /or relieving pain. I understand that only pre-sterilized, disposable needles will be used. I further understand that the needles may cause some temporary localized pain, bruising, or light headaches. "Moxibustion" a.k.a. heat therapy may also be used as well as natural Chinese herbal formulas may also be prescribed. 我知道针灸是通过将细针扎入身体的特定穴位来改善身体功能和/或减轻疼痛。我了解只有消毒过的一次性针灸针会被使用。我并且理解针灸可能会导致一些暂时性的局部疼痛, 淤青, 或轻微头痛。艾灸又名热疗法和中草药根据病人情况也会使用。

I am in full compliance with the fact that in the event that I decide to seek treatment from a health practitioner outside of this clinic and patient records need to be transferred, all herbal prescriptions/acupuncture points on the records are copyrighted, which are the exclusive property of THIS clinic and may not be used without written permission from THIS clinic. Any request of patient records by me or any other healthcare practitioner I decide to transfer to for purposes of using copyrighted herbal/acupuncture prescriptions of THIS clinic without permission is strictly prohibited. 如果我决定向本诊所以外的医生寻求治疗, 并且需要转移患者记录, 我完全同意病例上的所有中草药处方和针灸穴位均受版权保护因为这些是本诊所的专属财产。未经本诊所的明确书面许可, 不得使用。严禁未经许可擅自向本诊所转受的受版权保护的中草药/针灸处方的任何其他医生索取患者记录。

I accept the fact that there is no guarantee concerning the outcome of my acupuncture or herbal treatments and I understand that I may stop treatment at any time. I also accept that there are NO REFUNDS on any services, including herbal formulas. 我接受我的针灸或中草药治疗的结果无法保证, 我明白我可以随时停止治疗。我也接受任何服务, 包括中草药配方, 没有退款。

This clinic's Chinese herbal prescriptions/formulas/supplements are for relieving symptoms only. The herbal supplements are not intended to diagnose, cure, prevent or treat any disease. 本诊所的中草药仅用于缓解症状。中草药不用于诊断, 治愈, 预防或治疗任何疾病。

Payment must be made in full at the time of treatment. We do not handle insurance claims. You may file for possible reimbursement from your insurance company. Please ask the receptionist to include the diagnosis code(s) on your receipt during each visit for insurance purposes. 治疗时必须全额付款。我们不处理医疗保险。您可以向您的医保公司申请可能的报销。请让接待员在您每次访问时在收据上包含诊疗代码。

Signature (at least 18 years old) 签名(至少18岁): _____

Date 日期: _____

The employees of Ni's Acupuncture Center/CTMA endeavor to maintain your confidentiality to the best of their ability. If you have any questions or concerns regarding the privacy of your records, please contact the office manager. Ni's Acupuncture Center/CTMA的员工尽力保证您的隐私。如果您对您病例的隐私有任何疑问或疑虑, 请联系诊所负责人。